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DLN: 93493354003236

Department of the

Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

ntern	al Rever	nue Servi	ice					
			elendar year, or tax year beginning C Name of organization	ng 04-01-2015 , and ending 03-31-20	16	D Emp	lavar ida	
	eck if ap ddress cl	pplicable	VENTURE PHILANTHROPY PARTNER	S Inc			-	ntification number
	ame cha	_	% ELEANOR L RUTLAND			31-1	171361	8
In	itial retu	urn	Doing business as					
Fı eturn.	nal /termina	ated		nail is not delivered to street address) Room/s	uite	E Telep	hone num	ber
	nended		1201 15TH STREET NW Suite 510			(202	2)263-4	790
ПАр	plication	n pending	City or town, state or province, cou WASHINGTON, DC 20005	ntry, and ZIP or foreign postal code		G Gross	receipts:	\$ 7,335,855
			F Name and address of princi	pal officer	H(a) I	s this a grou	· ·	· ·
			CAROL THOMPSON COLE			s this a grou ubordinates		⊤ Yes 🗸
			1201 15TH STREET NW STE WASHINGTON, DC 20005	510		No	4	
[Ta	x-exem	pt status		(insert no) 4947(a)(1) or 527		Are all subor ncluded?	umates	□Yes □ No
ı w	ebsit e	: ▶ WV	VW VPPARTNERS ORG			•		(see instructions)
						Group exem		
∢ For	m of org	ganızatıon	Corporation Trust Associ	ation Other ►	L Year	of formation	2000 M	State of legal domicile DI
Pa	rt I	Sum	nmary					
			scribe the organization's mission	n or most significant activities				
				EGIC ASSISTANCE TO BUILD, STR THE NEEDS OF CHILDREN OF LOW-1			IIGH PO	TENTIAL
မ		0111101	VIII BROED ORGO SERVING	THE NEEDS OF CHIEDREN OF LOW	INCOME	MITTELES		
Ē	_							
Governance	2 0	heck th	his hov > _ if the organization d	iscontinued its operations or disposed	of more th	nan 25% of i	tc net a	cets
3	- 0	TICCK CI	ins box P If the organization a	iscontinued tes operations of disposed	or more cr	1411 25 70 01 1	to net a.	33003
Activities &	3 N	lumber	of voting members of the govern	ing body (Part VI, line 1a)			3	21
	4 N	lumber	of independent voting members	of the governing body (Part VI, line 1b)		4	20
	5 T	otal nu	mber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	13
Ř			•	ecessary)			6	25
				art VIII, column (C), line 12			7a 7b	0
	D Ne	et um en	ated business taxable income in	5111 OTH 990-1, IIIIe 54		Prior Year	<u> </u>	Current Year
	8	Contr	ibutions and grants (Part VIII, I	ine 1h)	_	7,087	7.701	5,073,159
₫	9		- · · · · · · · · · · · · · · · · · · ·	ine 2g)		,	0	, ,
Ravenua	10			n (A), lines 3, 4, and 7d)		45	788,	12,754
æ	11	Other	r revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 11e)			0	(
	12	Total 12)	revenue—add lines 8 through 11	. (must equal Part VIII, column (A), lii	ne	7,133	3,489	5,085,913
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)		5,597	,243	5,155,334
	14	Benef	fits paid to or for members (Part	IX, column (A), line 4)			0	(
ري د	15	Saları 5–10		ee benefits (Part IX, column (A), lines		1,575	,722	1,559,033
nse	16a		•	, column (A), line 11e)			0	(
Expenses	ь		undraising expenses (Part IX, column (D					
ш	17			lines 11a-11d, 11f-24e)		1,218	3,608	1,010,949
	18	Total	expenses Add lines 13-17 (mu	ıst equal Part IX, column (A), lıne 25)		8,391	.,573	7,725,316
	19	Rever	nue less expenses Subtract line	18 from line 12		-1,258	3,084	-2,639,403
Net Assets or Fund Balances					Beginn	ing of Curren	t Year	End of Year
ss et	20	Total	assets (Part X, line 16)			15,645	,604	12,898,045
¥ 26	21		liabilities (Part X, line 26) .			623	3,341	515,393
žŢ	22	Net a	ssets or fund balances Subtract	line 21 from line 20		15,022	2,263	12,382,652
	rt II		nature Block					
				amined this return, including accompa nplete Declaration of preparer (other t				
			nowledge	•		•		
		***	**			2016-12-16		
Sigr	1	Sign	ature of officer			Date		
ler			ANOR L RUTLAND COO					
		7	e or print name and title					
				Preparer's signature Jeffrey J Schragg	Date	Check I if	PTIN P00234	1 543
Paid		 	e or print name and title Print/Type preparer's name		Date	Check if self-employed	P00234	4543
Pre	d pare	r	e or print name and title Print/Type preparer's name Jeffrey J Schragg	Jeffrey J Schragg	Date	self-employed	P00234	

MCLEAN, VA 22102

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	IV Checklist of Required Schedules (contil	nued,
21	Did the organization report more than \$5,000 of grants of	roth

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

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28a

28h

28c

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Yes

Form 990 (2015)

Yes

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P	a	g	e

Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		M.				
		eneak in seneaule o contains a response of note to any line in ans	Ture	· · · · · · ·	·	Yes	No	
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12				
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0				
		L ie organization comply with backup withholding rules for reportable payments to	o vend	lors and reportable				
٠		ig (gambling) winnings to prize winners?		· · · · · ·	1c	Yes		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and						
		tatements, filed for the calendar year ending with or within the year covered	,	13				
L	•	s return	2a		2b	Yes		
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103		
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		No	
b	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b			
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	ıgnatuı	re or other authority				
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a			
	accou	int)?			70		No	
Ь		s," enter the name of the foreign country						
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	k and i	-inancial Accounts				
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No	
		ny taxable party notify the organization that it was or is a party to a prohibited t					No	
					5b			
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	6a		No	
	-	ization solicit any contributions that were not tax deductible as charitable cont						
Ь		s," did the organization include with every solicitation an express statement the	hat sud	ch contributions or gifts	6b			
7		izations that may receive deductible contributions under section 170(c).						
а	Did th	ie organization receive a payment in excess of \$75 made partly as a contributi	ion and	d partly for goods and	7a		No	
		ces provided to the payor?						
		s," did the organization notify the donor of the value of the goods or services p			7b			
С		e organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	rty for	which it was required to	7 c		No	
d		s," indicate the number of Forms 8282 filed during the year	7d					
	5 . 4.0			- I I 1 2				
е	Dia th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?	7e		No	
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	7 f		No	
g		organization received a contribution of qualified intellectual property, did the o	organız	ation file Form 8899 as	- -			
h	requir	ear	 . did t	the organization file a	7g			
"		1098-C?	•	· · · · · ·	7h			
8	-	oring organizations maintaining donor advised funds.						
		donor advised fund maintained by the sponsoring organization have excess built the year?	ısıness	s holdings at any time	_			
_	_	,			8			
		e sponsoring organization make any taxable distributions under section 4966			9a			
		le sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations . Enter	ated p	erson/	9b			
10		tion fees and capital contributions included on Part VIII, line 12	10a					
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a					
_	faciliti	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
11	Section	on 501(c)(12) organizations. Enter						
		income from members or shareholders	11a					
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b					
4-	_	·						
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	in lie ו I	u of Form 1041?	12a			
D	year	s," enter the amount of tax-exempt interest received or accrued during the	12b					
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the	organization licensed to issue qualified health plans in more than one state?	lote S	ee the instructions for				
-		onal information the organization must report on Schedule O		22 3.350 460013 101	13a			
b		the amount of reserves the organization is required to maintain by the states	13b					
_		ch the organization is licensed to issue qualified health plans						
		L	13c	,	14-		l No	
		le organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a 14b		No	
ע	11 16	5, has terrica a Form 720 to report these payments (11 No, provide all explana	acioni ili	Schedule U	TAN			

Part VI	Governance,	Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

I UI Cacii	163	response to	inies z uniot	ו טיז וועג	DEIDW, 6	anu ioi a	140	response to nines	oa, ob, oi	100 Delov
describe	the ci	ırcumstances	, processes,	or chai	nges ın	Schedule	e O	See instructions.		

50	ction A. Governing Body and Management	•		•		🗸
<u> </u>	Ction A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	21			
	year	14	21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a busi other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com			3		No
4	Did the organization make any significant changes to its governing documents since filed?		•	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	ganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?	er to	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		nembers, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedule (a,b,b)			9		No
Se	ction B. Policies (This Section B requests information about policies not r	equi	red by the Internal R	evenu		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?	• •		10 a		No
	If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization	n's e	xempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its the form?	· .		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Fo					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?			12 b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done	the p	olicy? <i>If "Yes," des cribe</i>	12 c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy?			14	Yes	
5	Did the process for determining compensation of the following persons include a revieundependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6а	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?		ılar arrangement with a	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to safeguard the	16b		
Se	ction C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed▶					
В	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable) (3)s only) available for public inspection. Indicate how you made these available. Che	•				

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►ELEANOR L RUTLAND 1201 15TH STREET NW STE 510 WASHINGTON, DC 20005 (202) 263-4790

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	dany	current officer, c	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) CAROL THOMPSON COLE	40 0	l x		X				343,874	0	34,111
PRESIDENT, CEO AND DIRECTOR	0 0	_ ^		_^				343,674	0	34,111
(2) DAVID BRADT DIRECTOR	1 0	x						0	0	0
(3) RICHARD S CARTER DIRECTOR	1 0	x						0	0	0
(4) EMMA DOCKERY	10									
DIRECTOR	0 0	X						0	0	0
(5) JACK DAVIES TREASURER AND DIRECTOR	10	х		×				0	0	0
(6) WILLIAM DUNBAR DIRECTOR	1 0	х						0	0	0
(7) KRISTIN EHRGOOD	0 0 1 0									
DIRECTOR	0 0	X						0	0	0
(8) MICHELE HAGANS DIRECTOR	1 0	х						0	0	0
(9) FRANK LAPRADE CHAIRMAN	10	х		×				0	0	0
(10) ART MARKS DIRECTOR	10	x						0	0	0
(11) JAMES MITCHELL JR DIRECTOR	1 0	×						0	0	0
(12) MARIO MORINO	1 0							_		_
FOUNDING CHAIRMAN	0 0	X						0	0	0
(13) BRIG OWENS	1 0	×						0	0	0
DIRECTOR	00				_					
(14) LAUREN PETERSON DIRECTOR		×						0	0	0
										Form 990 (2015)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	Position (do n more than or unless person i officer an director/tru				box, both a		(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
· · · · · · · · · · · · · · · · · · ·		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		organization and related organizations
(15) KAREN SCHAUFELD	1 0	Х						0		0 (
DIRECTOR	0 0	^						0		
(16) BRADFORD SEAMON DIRECTOR	1 0	×						О		0
(17) LES SILVERMAN	1 0									
DIRECTOR	0 0	X						0		0 (
(18) GABRIELA SMITH	1 0	,,								
DIRECTOR	0 0	X						0		0
(19) EUGENE STEUERLE		х						0		0 (
DIRECTOR (20) DAVID SYLVESTER	0 0									+
DIRECTOR	0 0	Х						0		0 (
(21) CLIFF WHITE	1 0									
VICE CHAIRMAN (As of 03/2016)	0 0	Х		Х				0		0 0
(22) DAVID JOUBRAN VICE CHAIRMAN (UNTIL 03/2016)	1 0	х		х				0		0
(23) ELEANOR L RUTLAND INV DIR, SECR, ASST TREAS, COO	40 0 0 0			х				230,545		0 51,303
(24) MICHELLE GILLIARD	40 0									
PARTNER	0 0					X		223,964		0 6,182
1b Sub-Total			•	>						
c Total from continuation sheets to Part VI	•			•			7	98,383	0	91,596
2 Total number of individuals (including but r				hove	>) w	ho red	^elv	ed more than	•	

			165	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	3 100			
	inaividuai	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	Я		Nο

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SPITFIRE STRATEGIES, 1800 M STREET NW SUITE 300 NORTH WASHINGTON, DC 20036	strat communications	140,558
CHILD TRENDS, 7315 WISCONSIN AVE SUITE 1200 WES BETHESDA, MD 20814	EVAL CONSULTING	234,683

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 2

Form 99	90 (20	15)						Page 9
Part V	/##1	Statement o						
		Check If Schedi	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Program Service Revenue and Other Similar Amounts	С	Fundraising eve	ents 1c					
ifts, ar ∆	d	Related organiz	zations 1d					
E G	e	Government grant	s (contributions) 1e	1,443,067				
ons Si	f	All other contribution	ons, gifts, grants, and 1f	3,630,092				
buti the		similar amounts no	ot included above					
n tri	g	1a-1f \$	ons included in lines	92,073				
CO Mi	h	Total. Add lines	s 1a-1f	· · · •	5,073,159			
venue	2a	_		Business Code				
Cont	b c							+
	d							
	e							
	f	All other progra	am service revenue					
Ě	g	Total. Add lines	L s 2a-2f	•	0			
	3	Investment inc	ome (including dividend	s, interest,	12,547			12,547
	4		ar amounts) stment of tax-exempt bond p	- F	0			12,517
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)	(i) Real (ii) Personal ents tal come 0 0 0 tal income or (loss)					
	d	Net rental inco			0			
	7a	Gross amount from sales of assets other than inventory	.,	(II) O ther				
	b	Less cost or other basis and sales expenses	2,249,942					
	d	Gain or (loss) Net gain or (los	207		207			207
evenue.	1	Gross income f events (not inc	rom fundraising luding s reported on line 1c)					
Other Revenue	ь	Less directex	a penses b					
	c 9a		(loss) from fundraising e rom gaming activities	vents 🕨	0			
Other Revenue		See Part IV, lir	ne 19 a					
	1		penses b [(loss) from gaming activ	rities	o			
				•				
	104	Gross sales of returns and allo	owances . a					
	b c		oods sold . . b	ntory ▶	0			
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	d	All other reven	ue					
	e	Total. Add lines	L	🕨				
	12	Total revenue.	See Instructions	•	0			
				•	5,085,913			12,754

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Γ			<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,155,334	5,155,334		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	666,644	366,047	135,934	164,663
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	539,755	409,335	124,881	5,539
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	15,770	10,453	3,451	1,866
9	Other employee benefits	261,145	178,394	57,842	24,909
10	Payroll taxes	75 740	40.004		40.055
	Fees for services (non-employees)	75,719	49,221	16,443	10,055
11	` ' '	0			
a b	Management	1,043		1,043	
c	Accounting	38,483		38,483	
d	Lobbying	0		30,403	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	448,036	376,497		71,539
12	Advertising and promotion	0			
13	Office expenses	28,962		28,962	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	242,843	157,861	52,734	32,248
17	Travel	41,209	26,343	13,072	1,794
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	10,335	10,335		
20	Interest	575		575	
21	Payments to affiliates	0		25.552	
22 23	Depreciation, depletion, and amortization	26,662		26,662	
24	Insurance	9,259		9,259	
а	EVENTS/CONVENINGS	114,997	82,389		32,608
b	INDIRECT ALLOCATION EXPENSES		323,297	-389,341	66,044
c	RESOURCE DEVELOPMENT	11,690			11,690
d	MEMBERSHIP DUES	20,289	19,919		370
е	All other expenses	16,566	9,996	6,165	405
25	Total functional expenses. Add lines 1 through 24e	7,725,316	7,175,421	126,165	423,730
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Part X **Balance Sheet**

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Net Assets or Fund Balances

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Investments—publicly traded securities . .

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Accounts payable and accrued expenses

Other assets See Part IV, line 11 . . .

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Check if Schedule O contains a response or note to any line in this Part X

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

(B)

End of year

6.036.568

5,003,450

239,031

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119,634

515,393

7,912,761

4,469,891

12,382,652

12,898,045 Form 990 (2015)

7.727

12,898,045

395,759

595

71.087

1,539,587

(A)

Beginning of year

36,500

5.931.629

5,525,186

227,013

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138.372

623,341

9,835,863

5,186,400

15.022.263

15,645,604

26,262

484.969

15,645,604

3,808,017

197,569

126,482

10a

10b

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Page 12

5,085,913

7,725,316

-2,639,403

15,022,263

12,382,652

No

Νo

Yes

Yes

Yes

Yes

2a

2b

2c

3a

-208

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Employer identification number

31-1713618

SCHEDULE A (Form 990 or Complete if the organization

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

990EZ)

Part I

1

2

3

Treasury

Department of the

Internal Revenue Service

Name of the organization

VENTURE PHILANTHROPY PARTNERS Inc

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedulo A (Form 990 or 990-EZ) and its instructions is:

2015
Open to Public Inspection

OMB No 1545-004

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support	
---------------------------	--

	Calendar year			T			
(0)	fiscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do	3,653,734	4,225,387	4,876,543	7,087,701	5,073,159	24,916,524
	not include any unusual grants)		, ,		, ,	, ,	,
2	Tax revenues levied for the						
	organization's benefit and either						0
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						0
	to the organization without						· ·
	charge						
4	Total. Add lines 1 through 3	3,653,734	4,225,387	4,876,543	7,087,701	5,073,159	24,916,524
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						4,449,772
	supported organization) included						4,449,772
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
Ü	from line 4						20,466,752
S	ection B. Total Support		Į.		Į.	1	_
	Calendar year	4.32244	4132242		4.0004.4	4 32045	4537
(oı	fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	3,653,734	4,225,387	4,876,543	7,087,701	5,073,159	24,916,524
8	Gross income from interest,						
	dividends, payments received on	132,135	136,785	29,833	42,869	12,547	354,169
	securities loans, rents, royalties	132,133	130,763	29,033	42,009	12,347	334,109
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						0
	not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						0
	capital assets (Explain in Part VI)						
11	Total support. Add lines 7						
11	iotai sapport. Add iiiles /						25,270,693

12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and stop here . . .

Section C. Computation of Public Support Percentage

through 10

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	80 990 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	75 908 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

▶ 🗸 and **stop here.** The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

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DLN: 93493354003236

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

nterr	nal Revenue Service	(1 01111 010) and 110 1110			Illapec	310/11
	me of the organization NTURE PHILANTHROPY PARTNERS Inc			Empl	oyer identification numbe	er
					.713618	
Pa	Organizations Maintaining Donor Complete if the organization answere			unds	or Accounts.	
	Complete if the organization answere	(a) Donor advised funds	•	(b)	Funds and other accounts	
1	Total number at end of year	(a) Donor advised faile.	13	(0)	Tunus and other accounts	,
2	Aggregate value of contributions to (during					
	year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	_		nor advis	sed Yes	┌ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					∏ No
Pa	rt II Conservation Easements. Comple	ete if the organization	answered "Yes"	on Forn	n 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th	ie organization (check all	that apply)			
	Preservation of land for public use (e g , recreducation)	eation or	- Dragaryation of	n histor	rically important land area	
	Protection of natural habitat	<u> </u>			d historic structure	
	Preservation of open space	ı	1 Teservation of e	Certific	a mistoric structure	
2	Complete lines 2a through 2d if the organization	held a qualified conservat	tion contribution in	the form	of a conservation	
_	easement on the last day of the tax year	nera a quamica conservat	crom contempation in			
					Held at the End of the	e Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme			2b		
с	Number of conservation easements on a certified		• •	2c		
d	Number of conservation easements included in (o historic structure listed in the National Register			2d		
3	Number of conservation easements modified, trai	nsferred, released, exting	juished, or terminat	ed by th	e organization during the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is loca	ated ▶			
5	Does the organization have a written policy regard violations, and enforcement of the conservation $\boldsymbol{\varepsilon}$	= :	ring, inspection, har	ndling of	┌ Yes	ю
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vio	olations, and enforc	ing cons	servation easements durir	ng the
	>					
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violation	ons, and enforcing o	onserva	ition easements during th	e year
В	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the	requirements of se	ction 17	0(h)(4) Yes N	lo
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org				
a r	t III Organizations Maintaining Collect		ical Treasures,	or Oth	ner Similar Assets.	
	Complete if the organization answere	ed "Yes" on Form 990,	, Part IV, line 8.			
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public ex	chibition, education,	or resea	arch in furtherance of publ	
b	If the organization elected, as permitted under SI					
,	works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ex				lıc

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	sures, or	Other	Similar A	ssets	}	
3		the organization's acquisition, accition items (check all that apply)	ession, and other rec	ords, cl	neck any	of the	following that	are a s	significant us	e of its	i	
а		Public exhibition		d		an or	exchange pro	grams				
b	Γ:	Scholarly research		e	Го	ther						
c	i	Preservation for future generations										
4	Provide Part >	de a description of the organization'	s collections and exp	laın ho	w they fur	ther th	ie organizatio	n's exe	empt purpose	ın		
5		g the year, did the organization soli s to be sold to raise funds rather th							lar Yes	; <u> </u>	- No	
Pa	rt IV				000 D-	-L T) /	l 0		d			000
		Complete if the organization a Part X, line 21.	answered "Yes" on	Form	990, Pai	rt IV,	line 9, or re	porte	a an amoun	ton F	-orm	990,
1 a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	mediary	for contr	butior	ns or other as	sets n	ot Yes	· 「	- No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowing ta	ble			A me	ount		
c		ginning balance					10	: -				
d		ditions during the year					10	ı				
e		tributions during the year					16					
f		ding balance						_				
2 a		ne organization include an amount o	n Form 990. Part X. I	ine 21.	for escro	worci	ıstodial accoi	ınt lıal	ulity? 🗆 🕶		- No	
 b									•			
	rt V	s," explain the arrangement in Part Endowment Funds. Comple									•	
- (-	II U	Endowinent Funds: Comple	(a)Current year		nor year		Two years back		ree years back		ur year	s back
1a	Begir	nning of year balance	(c)cameno,can	(-)	,	- (-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=,	, , , , , , , , , , , , , , , , , , , ,	(-).	, , , , , , , ,	
b		ributions										
c	Net II losse	nvestment earnings, gains, and is										
d	Grant	ts or scholarships										
е		r expenditures for facilities irograms										
f	A dmi	nistrative expenses										
g	End o	of year balance										
2		· · · · · · · de the estimated percentage of the	Current year end hala	ince (lir	ne 1 a col	umn (a	ı)) held as	l				
- а		designated or quasi-endowment	carrent year end bara		10 19, 001	a (c	1)) 11014 43					
		·										
b		anent endowment ►										
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%									
3а		nere endowment funds not in the pos ization by	ssession of the organ	ızatıon	that are h	neld an	d administere	d for t	he	Г	, I	
	_	related organizations					_		3a		es	No
		lated organizations							3a		_	
b		s" on 3a(II), are the related organiz							3	b		
4	Desci	ribe in Part XIII the intended uses o		endowm	ent funds	i						
Pa	rt VI	Land, Buildings, and Equip			.00 Dow	T\/ .	no 11n Coo	Fa	000 Dawt V	lina	10	
		Complete if the organization a Description of property	inswered tes to r	-01111 9	90, Part (a)	. IV, II	(b)	FORIII	Accumulated		10. 1)Book	value
				C	ost or othe		Cost or other b	asıs	(c)depreciation	``		-
12	Land				(mresum)	-110)	(odler)	\dashv				
		gs		. '.⊢				\dashv				
		nold improvements		. \vdash			128,	476	71,2	16		57,260
		nent		. \vdash			<u> </u>	619	16,9			1,684
								474	38,3			12,143

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the orgar	nization answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	У	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answere	d 'Yes' on Form 990), Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization (a) Description		Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(2)			(5) 5000 74140
_			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		•
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganızatıon answered	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes		0	
DEFERRED RENT	119,6	34	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provi	▶ 119,6 Ide the text of the foot		's financial statements that reports the
organization's liability for uncertain tax positions under F			

1	Total revenue, gains, and othe	er support per audited financial statements			1	5,085,705
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-208		
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants	s	2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	-208
3	Subtract line 2e from line 1 .				3	5,085,913
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b		٠.		4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)		5	5,085,913
Part		xpenses per Audited Financial St			s per	Return.
		nization answered 'Yes' on Form 990,	Part I	V, line 12a.	1 1	
1	·	r audited financial statements			1	7,725,316
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25		1		
а		acılıtıes	2a		. I	
b	Prior year adjustments		2b		. I	
C	Otherlosses		2c		<u> </u>	
d	Other (Describe in Part XIII)		2 d		<u> </u>	
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	7,725,316
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 🔒 .	. 4a]	
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	7,725,316
D	Complemental Inf					
	Supplemental Inf					
		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	mation	Times 2d and 4b, and 1 are XII, imes 2d and	י טדנ	riso complete this part	.o provi	ac any additional
	Return Reference	Explanation				
FORM	990, SCHEDULE D, PART X,	VPP IS EXEMPT FROM FEDERAL INCOM	1E TA	XES UNDER SECTION	501(c)	(3) OF THE INTERNAL
LINE		REVENUE CODE (IRC) AND DISTRICT	OFCO	LUMBIA FRANCHISE	TAX ÙŃ	DER APPLICABLE
		TAX REGULATIONS VPP IS NOT A PRI (1) OF THE IRC IN ACCORDANCE WITH				
		FINANCIAL ACCOUNTING STANDARDS				
		OF INCOME TAX POSITIONS ONLY IF				
		BEING SUSTAINED TO THE EXTENT TI				
		IS DIFFERENT THAN ANY AMOUNTS REINCOME TAX EXPENSE IN THE PERIOD		•		
		INTEREST AND PENALTIES, IF ANY, RE				
		TAX ASSESSMENTS ARE INCLUDED IN				
		IS NO LONGER SUBJECT TO INCOME T				
		LOCAL TAX AUTHROITIES FOR YEARS		•		
		HAS EVALUATED VPP'S TAX POSITION MATERIAL UNCERTAIN TAX POSITION				
		STATEMENTS TO COMPLY WITH THE P				

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
		_

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493354003236 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number VENTURE PHILANTHROPY PARTNERS Inc 31-1713618 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grai or assistance
See Additional Data Table							

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Explanation

Return Reference

Monitoring the use of grants -VPP monitors the use of grant funds on a guarterly basis for traditional VPP CAPACITY INVESTMENTS AND MONTHLY FOR THE YOUTHCONNECT FORM 990, SCHEDULE I, PART INVESTMENT (WHICH REQUIRES MONITORING ON A MONTHLY BASIS RELATED TO OUR FEDERAL AWARD) THIS PRACTICE ENSURES That I, LINE 2 funds Are used to advance the mutually agreed upon milestones that are a part of the investment agreement with the portfolio organization

Additional Data

CENTER

1419 COLUMBIA RD NW WASHINGTON, DC 20009

Software ID: Software Version:

EIN: 31-1713618

Name: VENTURE PHILANTHROPY PARTNERS Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Year Up 04-3534407 501(c)(3) 223,770 FUND INITIATIVES 1901 S bell st ste 100 arlington, VA 22202 KIPP DC 74-2974642 501(c)(3) 527,918 FUND INITIATIVES 2600 VIRGINIA AVE NW SUITE 900 washington, DC 20037 501(C)(3) 557,374 FUND INITIATIVES LATIN AMERICAN YOUTH 52-1023074

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) Urban Alliance 52-1938443 501(c)(3) 1,343,037 FUND INITIATIVES 2030 O Street NW INITIATIVES

FUND INITIATIVES

washington, DC 20036					
College Summit 1763 columbia rd nw	52-2007028	501(c)(3)	335,586		FUND II

122,844

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

washington, DC 20009 whitman walker health

1701 14th street nw WASHINGTON, DC 20009 52-1122122

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 04-3331760 501(c)(3) 881,000 FUND INITIATIVES APPLE TREE INSTITUTE 415 MICHIGAN AVE NE WASHINGTON.DC 20017 TIATIVES

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

FUND INITIATIVES

HILLSIDE WORK	16-1453581	501(c)(3)	781,475		FUND INIT
SCHOLARSHIP					
CONNECTION					
6305 IVY LANE					
SHITE 420					

24,304

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

501(C)(3)

SUITE 420 GREENBELT, MD 20770

1805 7th St NW Washington, DC 20001

teach for america dc region

(a) Name and address of

(b) EIN

13-3541913

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

DLN: 93493354003236 OMB No 1545-0047

2015

Open to Public

Treas	tment of the ury al Revenue Service	▶ Information about Schedule J (F	orm 990)) and its instructions is at <u>www.irs.</u>			o Pul ectio	
Na	me of the organiz TURE PHILANTHROP				Employer identification	on nur	nber	
					31-1713618			
Pa	rt I Questi	ons Regarding Compensation	1				ı	1
							Yes	No
1 a		opiate box(es) if the organization pro Section A , line 1a Complete Part III						
	First-clas	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of pers	onal residence			ļ
	Tax idemr	nification and gross-up payments		Health or social club dues or initiat	ion fees			
	Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)	 	 	l Î
b		xes in line 1a are checked, did the or or provision of all of the expenses de				1b		
2		ation require substantiation prior to r						
	directors, trust	ees, officers, including the CEO/Exec	utive Di	rector, regarding the items checked	ın lıne 1a?	2		
3	organization's	, if any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	at apply	Do not check any boxes for method	is			
	✓ Compensa	ation committee	√	Written employment contract				
	✓ Independent	ent compensation consultant	√	Compensation survey or study				
	✓ Form 990	of other organizations	▽	Approval by the board or compensa	ition committee			
4	During the year or a related org	r, did any person listed on Form 990, anization	Part VII	, Section A , line 1a with respect to t	he filing organization			
а	Receive a seve	rance payment or change-of-control	payment	7		4a		Νo
b	Participate in, o	or receive payment from, a supplemer	ntal nonc	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mu	st complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				5a		No
b	Any related org	janization?				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				6 a		Νo
b	Any related org	ganızatıon?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d			n-fixed	7		No
8		ints reported on Form 990, Part VII, i nitial contract exception described in				8		No
9	If "Yes" on line	8, did the organization also follow the	e rebutta	able presumption procedure describe	d in Regulations			

section 53 4958-6(c)?

Schedule J (Form 990) 2015

Page 2

3 MICHELLE GILLIARD

PARTNER

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	, ,	(E) Total of columns	
	(ı) co		(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 CAROL THOMPSON COLE PRESIDENT, CEO AND	(i)	313,874	30,000	0	1,000	33,111	377,985	0
DIRECTOR (i		0	0	0	0	0	0	0
2 ELEANOR L RUTLAND	(i)	210,545	20,000	0	1 000	50 303	281 848	0

1,000

5,182

230,146

1,000 50,303 201,040 INV DIR, SECR, ASST TREAS,

(ii)

213,964

10,000

Return Reference	Explanation					
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Part IIII Supplemental Inform	nation					
Schedule J (Form 990) 2015	:hedule J (Form 990) 2015					

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

DLN: 93493354003236

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Treasury

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Internal Revenue Service Name of the organization **Employer identification number** VENTURE PHILANTHROPY PARTNERS Inc 31-1713618 Types of Property (b) (d) (a) (c) Check Number of contributions Method of determining Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 785 92,073 FMV **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other▶(_____ **28** Other ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that

it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

b If "Yes," describe in Part II

32a

Νo

Νo

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE O** (Form 990 or

50.000 YOUNG PEOPLE ANNUALLY

990-EZ)

Treasury

Service

Department of the

Internal Revenue

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493354003236

Employer identification number

VENTURE PHILANTHROPY PARTNERS Inc 31-1713618 Explanation Return Reference FORM 990, PART ORGANIZATIONS MISSION VENTURE PHILANTHROPY PARTERS, INC (VPP), A NONPROFIT PHILANTHROPIC III. LINE 1 -INVESTMENT ORGANIZATION, INVESTS IN HIGH-PERFORMING NONPROFIT ORGANIZATIONS THAT ARE SERVING THE ORGANIZATION'S CORE HEALTHY DEVELOPMENTAL, LEARNING, AND EDUCATIONAL NEEDS OF CHILDREN FROM LOW-INCOME FAMILIES MISSION IN THE NATIONAL CAPITAL REGION VPP PROVIDES SIGNIFICANT, GROWTH CAPITAL INVESTMENTS AND AUGMENTS THOSE FUNDS WITH STRATEGIC, NON-FINANCIAL RESOURCES TO HELP LEADERS GROW THEIR ORGANIZATIONS IN SIZE STRENGTH, AND COMMUNITY IMPACT, AND BY DEMONSTRATING THE VALUE OF THIS APPROACH, VPP SEEKS TO INSPIRE PHILANTHROPISTS. CORPORATE AND NONPROFIT LEADERS. AND PUBLIC POLICY MAKERS TO HELP INCREASE THE EFFECTIVENESS AND THE FLOW OF CAPITAL. TALENT, AND OTHER RESOURCES TO NONPROFIT ORGANIZATIONS SHOWING THE GREATEST POTENTIAL FOR IMPROVING THE LIVES OF CHILDREN ORGANIZATION AND HISTORY VPP WAS INCORPORATED ON MAY 23, 2000. IN THE STATE OF DELAWARE, VPP, A NONPROFIT PHILANTHROPIC INVESTMENT ORGANIZATION, WAS LAUNCHED IN JUNE 2000 BY MARIO MORINO. THE FOUNDER OF THE MORINO INSTITUTE AND CO-FOUNDER OF LEGENT CORPORATION. SENATOR MARK WARNER, AND RAUL FERNANDEZ, FOUNDER OF PROXICOM TOGETHER THEY BROUGHT TOGETHER OTHER TECHNOLOGY AND BUSINESS LEADERS TO INVEST APPROXIMATELY \$31 MILLION IN VPP'S FIRST FUND. TO PRODUCE SOCIAL, RATHER THAN FINANCIAL, RETURNS VPP'S FIRST FUND WAS COMMITTED TO A DOZEN ORGANIZATIONS SERVING YOUTH AND FAMILIES IN THE COMMUNITY, WITH FUNDS FULLY DEPLOYED BY THE END OF 2009 VPP HAS RAISED A PPROXIMATELY \$50 MILLION FOR ITS SECOND FUND FROM INDIVIDUALS. FOUNDATIONS, CORPORATIONS AND THE FEDERAL GOVERNMENT TO INVEST ADDITIONAL CAPITAL IN NONPROFITS AND TO FINANCE VPP'S OWN PROGRAMMATIC AND NON-PROGRAMMATIC OPERATIONS TO DATE VPP HAS MADE MULTI-YEAR COMMITMENTS OF CAPITAL TO EIGHT NONPROFIT ORGANIZATIONS IN ITS SECOND PORTFOLIO TOTALING \$35 MILLION. WITH FUNDS TO BE FULLY DEPOLYED BY MARCH 31, 2017 IN JULY OF 2010. THE SOCIAL INNOVATION FUND (SIF), ADMINISTERED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. AWARDED VPP A \$10 MILLION COMMITMENT OVER FIVE YEARS VPP WAS ONE OF ELEVEN ORGANIZATIONS NATIONALLY AWARDED SIF GRANTS AS PART OF ITS INAUGURAL PORTFOLIO VPP'S "YOUTHCONNECT" INVESTMENT IS A PIONEERING COLLABORATION OF GOVERNMENT. PRIVATE PHILANTHROPY, NONPROFIT ORGANIZATIONS, AND EVALUATORS TO DRAMATICALLY IMPROVE OPPORTUNITIES FOR LOW-INCOME YOUTH, AGES 14-24, IN THE NATIONAL CAPITAL REGION VPP IS ACTIVELY RAISING FUNDS FOR ITS THIRD PORTFOLIO. THE CAPITAL KIDS PORTFOLIO. WITH A FIVE-YEAR INVESTMENT CYCLE

> BEGINNING IN A PRIL 2014 TO DATE VPP HAS SECURED NEW COMMITMENTS OF OVER \$20 MILLION OVER THE PAST 15 YEARS. VPP HAS RAISED OVER \$100 MILLION AND SUPPORTED 18 NONPROFIT PARTNERS TO CHANGE THE LIVES OF

EDUCATION, HEALTH CARE, AND CAREER TRAINING BY INVESTING IN SOME OF THE REGION'S HIGHEST-PERFORMING NONPROFITS VPP HAS ENABLED OUR NONPROFIT PARTNERS TO SERVE 80 NEW SITES. AND SERVE MORE THAN

TENS OF THOUSANDS OF LOW-INCOME CHILDREN AND YOUTH BY PROVIDING THEM ACCESS TO QUALITY

Return Reference	Explanation
FORM 990, PART III,	GRANT PROGRAM EXPENSES VPP PROVIDES PHILANTHROPIC INVESTMENTS TO ORGANIZATIONS (INVESTMENT
LINE 4A - PROGRAM	PARTNERS) FOR THE PURPOSE OF HELPING HIGH-QUALITY NONPROFIT ORGANIZATIONS IMPACT THE LIVES OF
SERVICE	MORE CHILDREN AND YOUTH VPP DISBURSES FUNDS TO INVESTMENT PARTNERS TO PROVIDE FINANCIAL
ACCOMPLISHMENTS	SUPPORT TO HELP LEADERS BUILD AND STRENGTHEN THEIR PROGRAMS, OFTEN REFERRED TO AS
	"ORGANIZATIONAL CAPACITY" VPP SUPPORTS THIS TYPE OF CAPACITY WITH LARGE-SCALE, MULTI-YEAR
	FUNDING VPP'S YOUTHCONNECT INVESTMENT SUPPORTS SPECIFIC PROGRAMMATIC ELEMENTS OF NONPROFIT
	ORGANIZATIONS TO PROVIDE EDUCATION, SOCIAL SERVICES AND JOB TRAINING TO LOW-INCOME YOUTH AGES
	14-24 YOUTHCONNECT ALSO SUPPORTS THE COLLABORATION OF THIS PORTFOLIO OF ORGANIZATIONS TO
	DEMONSTRATE GREATER IMPACT IN THE NATIONAL CAPITAL REGION THROUGH COLLECTIVE ACTION LEARN
	MORE AT HTTP //WWW VPPARTNERS ORG/PORTFOLIO/YOUTHCONNECT

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	INVESTMENT PRACTICE - An important element and distinction of the work of VPP is its approach to identifying, selecting and engaging its investment partners. The VPP team, consisting of people with experience in management development and building organizations, is responsible for sourcing candidates, evaluating prospective organizations for investment, and supporting them for the duration of the investment partnership. The VPP team works directly with its investment partners to serve as a combination of strategic advisor, executive coach, change agent, funder, board member and consultant with the goal of helping great leaders build stronger, more effective organizations.

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	STRATEGIC COMMUNICATIONS, INVESTOR RELATIONS AND FIELD-BUILDING A KEY ELEMENT TO THE STRATEGY OF EXTENDING THE IMPACT OF THE WORK OF VPP IS TO CAPTURE, CODIFY, AND SHARE THE LESSONS AND EXPERIENCES OF VPPS PHILANTHROPIC WORK WITH AN EXTENDED COMMUNITY OF PHILANTHROPISTS AND REACTITIONERS VPP DEVOYTES SPECIFIC RESOURCES TO FORMALIZING AND SHARING ITS INVESTIMENT PRACTICE, APPROACH, AND PROCESSES VPP COALESCES THE INDIVIDUALS, FAMILIES, FOUNDATIONS, AND CORPORATE SUPPORTERS INTO A COMMUNITY OF DIVINORS, COMMITTED TO MAKING THEIR PHILANTHROPY AND CIVIC ENGAGEMENT MORE EFFECTIVE VPP CREATES VENUES FOR ENGAGEMENT AND EXCHANGE. TO BUILD A COMMUNITY OF INVESTORS COMMITTED TO A DVANCE THEIR OWN PHILANTHROPY AND SHARED INTERESTS VPP PUBLISHES REPORTS AND PROVIDES RESEARCH FOR THE BENEFIT OF THOSE WHO ARE INVOLVED IN THE NONPROFIT SECTOR AS SERVICE PROVIDERS AND PHILANTHROPISTS. THESE REPORTS SURVEY THE FIELDS OF VENTURE PHILANTHROPY AND HIGH-ENGAGEMENT AND RESOURCES TO ADVANCE MANAGEMENT PRACTICES IN THE SECTOR, AND OFFER NEW RESEARCH AND RESOURCES TO ADVANCE MANAGEMENT PRACTICES IN THE SECTOR RECENT RELEASES IN NOVEMBER 2015, VPP LAUNCHED READY FOR WORK CHAMPIONS FOR CAREER AND COLLEGE READY GRADULATES IN PRINCE GEORGES COUNTY - VPPS FIRST INVESTMENT OF THE CAPITAL KIDS PORTFOLIO HIS //www. vppartners org/news/announcements/vpp-launches-new-induty of THE CAPITAL KIDS PORTFOLIO HIS //www. vppartners org/news/announcements/vpp-launches-new-induty of THE INTITUTIVE ON THE NETWORK PARTINER ORGANIZATIONS AND THE YOUTH EACH SERVES IN JANUARY 2015, VPP RELEASED TWO REPORTS ON YOUTHCONNECT, VPPS COLLECTIVE IMPACT INVESTMENT HIS SPRENCY THE RESULTS AND IMPACT OF THE INITIATIVE ON THE NETWORK PARTINER ORGANIZATIONS AND THE YOUTH EACH SERVES IN JANUARY 2015, VPP RELEASED A CASE STUDY OF THE SECOND INVESTMENT OF THE SECOND PORTFOLIO. HIP OF THE PEPORT HIGHLIGHTS THE KEY ACCOMPLISHMENTS, PARTINERSHIP ENGAGEMENT, RESULTS, LESSONS LEARNED AND FOCUS AREAS OF THE VPP INVESTMENT HITP ///www.VPPARTINERS ORG/PORTFOLIO. PORTFOLIO. HIP OF T

Return Reference	Explanation
FORM 990, PART VI,	VENTURE PHILANTHROPY PARTNERS' (VPP'S) MANAGEMENT GATHERS THE INFORMATION NECESSARY TO
LINE 11B - FORM 990	COMPLETE FORM 990 AND PROVIDES THAT DATA TO ITS AUDITORS AND TAX ADVISORS TO PREPARE FORM 990
REVIEW PROCESS	WHEN PREPARATION IS COMPLETE, VPP'S MANAGEMENT AND AUDIT COMMITTEE OF THE BOARD REVIEW THE
	DRAFT FORM AND PROVIDE FEEDBACK. THE FINAL FORM 990 IS PROVIDED TO THE ENTIRE BOARD BY EMAIL PRIOR
	TO FILING IT WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI,	AT THE ANNUAL MEETING EACH YEAR, THE OFFICERS, DIRECTORS AND STAFF ARE PRESENTED WITH THE
LINE 12C - CONFLICTS	CONFLICTS OF INTEREST POLICY AND ARE REQUIRED TO DISCLOSE ANY RELEVANT AFFILIATIONS AND
OF INTEREST POLICY	POTENTIAL CONFLICTS IN ADDITION, IF A POTENTIAL CONFLICT EXISTS FOR A VOTING BOARD MEMBER RELATED
	TO A PARTICULAR INVESTMENT PORTFOLIO ORGANIZATION, THE BOARD MEMBER RECUSES THEMSELVES FROM
i	ANY VOTE/DECISION THAT MAY BE PERCEIVED AS A CONFLICT

Return Reference	Explanation
FORM 990, PART VI, LINE 15B - DETERMINATION OF COMPENSATION	On a periodic basis, VPP's compensation structure for the senior team is assessed relative to the market, peer organizations other variables unique to VPP to ensure that the compensation is competitive to draw the talent required to achieve VPP's goals and is in alignment with VPP's overall cost structure. The senior management team had their base salaries established by an independent review in April 2007 conducted by HiRe Expectations. The study was based upon a combination of Economic Research Institute and peer group data. A current assessment of Market data was completed in March 2015 with the support of Keating Advisors, LLC providing updated benchmark.

information for three senior positions. President and CEO, Partner, and COO/CFO

Return Reference	Explanation
FORM 990, PART VI, LINE 19 - AVAILABILITY OF OTHER DOCUMENTS	VPP DOES NOT REGULARLY PUBLISH ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS, BUT THE ORGANIZATION MAKES SUCH DOCUMENTS AVAILABLE IF A REQUEST IS MADE BY A MEMBER OF THE PUBLIC